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# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:  
My residence, post office address and citizenship are as stated below next to my name; that  
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint  
inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the  
invention entitled:

## SYSTEMS AND METHODS FOR ANNOTATING OBJECTS WHEN THE ANNOTATION DEVICE DIFFERS FROM THE VIEWING DEVICE

described and claimed in the specification:

Check one

- a. ☒ attached hereto.  
b. ☐ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims,  
as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in  
Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign  
application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year  
prior to this application are hereby claimed:  
NONE.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the  
United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named  
foreign priority application(s) and/or United States provisional application(s):  
NONE.

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this  
application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Fardini, Reg. No. 38,411;  
Edward F. Walker, Reg. No. 31,450; Robert A. Miller, Registration No. 32,771;  
Mario A. Costantino, Registration No. 33,565; Caroline D. Dennison, Registration No. 34,494;  
and John Beck, Reg. No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &  
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein  
of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these  
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or  
imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may  
jeopardize the validity of the application or any patent issued thereon.

1 Typewritten Full Name  
of First or Sole Inventor

	Michelle	O. Wang	BALDONADO
	Given Name	Middle Initial	Family Name
2 **INVENTOR'S SIGNATURE:	<u>Michelle O. Wang Baldonado</u>		
3 **DATE OF SIGNATURE:	<u>12</u>	<u>15</u>	<u>1999</u>
	Month	Day	Year
Residence:	<u>Palo Alto</u>	<u>California</u>	<u>USA</u>
	City	State or Province	Country
Citizenship:	<u>United States</u>		
Post Office Address:	<u>700 Alister Avenue</u>		
(Insert complete mailing address, including country)	<u>Palo Alto, CA 94303 USA</u>		

\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box A is  
checked.

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

655727-01079160

1 *Typewritten Full Name*

*of Second Joint Inventor (if any)*

Steve	B.	COUSINS
Given Name	Middle Initial	Family Name
<u>[Signature]</u>		

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

<u>12</u>	<u>15</u>	<u>1999</u>
Month	Day	Year

Residence: Cupertino California U.S.A.  
City State or Province Country

Citizenship: United States

Post Office Address:  
(Insert complete mailing address, including country)  
18671 Pring Court  
Cupertino, CA 95014 USA

1 *Typewritten Full Name*

*of Third Joint Inventor (if any)*

Polle	T.	ZELLWEGER
Given Name	Middle Initial	Family Name
<u>Polle</u>	<u>T.</u>	<u>Zellweger</u>

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

<u>12</u>	<u>15</u>	<u>1999</u>
Month	Day	Year

Residence: Palo Alto California U.S.A.  
City State or Province Country

Citizenship: United States

Post Office Address:  
(Insert complete mailing address, including country)  
3240 Ross Road  
Palo Alto, CA 94303 USA

1 *Typewritten Full Name*

*of Fourth Joint Inventor (if any)*

Address		PAEPCKE
Given Name	Middle Initial	Family Name

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

Month	Day	Year

Residence: Menlo Park California U.S.A.  
City State or Province Country

Citizenship: Germany

Post Office Address:  
(Insert complete mailing address, including country)  
658 18th Avenue  
Menlo Park, CA 94025 USA

1 *Typewritten Full Name*

*of Fifth Joint Inventor (if any)*

Jacek	S.	GWIZDKA
Given Name	Middle Initial	Family Name

2 **\*\*INVENTOR'S SIGNATURE:**

3 **\*\*DATE OF SIGNATURE:**

Month	Day	Year

Residence: Toronto Ontario CANADA  
City State or Province Country

Citizenship: Canada

Post Office Address:  
(Insert complete mailing address, including country)  
707-3000 Yonge Street  
Toronto, Ontario MYN 2K5 Canada

**\*\*Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.  
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

655121-0407960

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

Docket No.: 104323

As a below named inventor, I hereby declare that:  
My residence, post office address and citizenship are as stated below next to my name; that  
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint  
inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the  
invention entitled:

## SYSTEMS AND METHODS FOR ANNOTATING OBJECTS WHEN THE ANNOTATION DEVICE DIFFERS FROM THE VIEWING DEVICE

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Check one

a. ☒ attached hereto.

b. ☐ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

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Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign  
application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year  
prior to this application are hereby claimed:  
NONE.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the  
United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named  
foreign priority application(s) and/or United States provisional application(s):  
NONE.

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this  
application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,624;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 38,411;  
Edward P. Walker, Reg. No. 31,458; Robert A. Miller, Registration No. 32,771;  
Mario A. Costantino, Registration No. 33,565; Caroline D. Damsch, Registration No. 34,494;  
and John Beck, Reg. No. 22,833.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &  
BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22328, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein  
of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these  
statements were made with the knowledge that willful false statements and the files so made are punishable by fine or  
imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may  
jeopardize the validity of the application or any patent issued thereon.

1. *Typewritten Full Name  
of First or Sole Inventor*

Michelle  
Given Name

Q. Wang  
Middle Initial

BALDONADO  
Family Name

2. \*\*INVENTOR'S SIGNATURE:

3. \*\*DATE OF SIGNATURE:

Residence:	Month	Day	Year
Palo Alto			USA
City	State or Province		Country
Citizenship:	United States		
Post Office Address:	700 Alcatraz Avenue		
(Insert complete mailing address, including country)	Palo Alto, CA 94303 USA		

\*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is  
checked.

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

665121-01015160

**Page 2 OF U.S.A. DECLARATION FORM**  
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**  
**of Second Joint Inventor (if any)** Steve B. COUSINS  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** \_\_\_\_\_

3 **\*\*DATE OF SIGNATURE:** \_\_\_\_\_  
Month Day Year

**Residence:** Cupertino California U.S.A.  
City State or Province Country

**Citizenship:** United States  
**Post Office Address:**  
(Insert complete mailing address, including country)  
18671 Pring Court  
Cupertino, CA 95014 USA

1 **Typewritten Full Name**  
**of Third Joint Inventor (if any)** Polle T. ZELLWEGER  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** \_\_\_\_\_

3 **\*\*DATE OF SIGNATURE:** \_\_\_\_\_  
Month Day Year

**Residence:** Palo Alto California U.S.A.  
City State or Province Country

**Citizenship:** United States  
**Post Office Address:**  
(Insert complete mailing address, including country)  
3240 Ross Road  
Palo Alto, CA 94303 USA

1 **Typewritten Full Name**  
**of Fourth Joint Inventor (if any)** Andreas  PAEPCKE  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** 

3 **\*\*DATE OF SIGNATURE:** Dec 15, 02 \_\_\_\_\_  
Month Day Year

**Residence:** Menlo Park California U.S.A.  
City State or Province Country

**Citizenship:** Germany  
**Post Office Address:**  
(Insert complete mailing address, including country)  
658 18th Avenue  
Menlo Park, CA 94025 USA

1 **Typewritten Full Name**  
**of Fifth Joint Inventor (if any)** Jack S. GWIZDOKA  
Given Name Middle Initial Family Name

2 **\*\*INVENTOR'S SIGNATURE:** \_\_\_\_\_

3 **\*\*DATE OF SIGNATURE:** \_\_\_\_\_  
Month Day Year

**Residence:** Toronto Ontario CANADA  
City State or Province Country

**Citizenship:** Canada  
**Post Office Address:**  
(Insert complete mailing address, including country)  
707-3000 Yonge Street  
Toronto, Ontario MYN 2K5 Canada

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665227 04075460

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

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NONE.

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this  
application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,073; William P. Berridge, Reg. No. 30,824;  
Kirk M. Hudson, Reg. No. 27,362; Thomas J. Pardini, Reg. No. 38,411;  
Edward P. Walker, Reg. No. 31,458; Robert A. Miller, Registration No. 32,771;  
Marie A. Costantino, Registration No. 33,568; Caroline D. Dambson, Registration No. 34,494;  
and John Beck, Reg. No. 22,833.

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BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22328, TELEPHONE (703) 836-6400.

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jeopardize the validity of the application or any patent issued thereon.

1. *Typewritten Full Name  
of First or Sole Inventor*

Michelle	Q. Wang	BALDONADO
Given Name	Middle Initial	Family Name

2. \*\*INVENTOR'S SIGNATURE:

3. \*\*DATE OF SIGNATURE:

Residence:	Palo Alto	California	USA
	City	State or Province	Country

Citizenship:	United States
Post Office Address: (Insert complete mailing address, including country)	700 Alcenter Avenue Palo Alto, CA 94303 USA

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\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

665727 04075460

**Page 2 OF U.S.A. DECLARATION FORM**  
(Discard this page in a sole inventor application)

1	<b>Typewritten Full Name of Second Joint Inventor (if any)</b>	<u>Steve</u> Given Name	<u>B.</u> Middle Initial	<u>COUSINS</u> Family Name
2	<b>**INVENTOR'S SIGNATURE:</b>			
3	<b>**DATE OF SIGNATURE:</b>			
	<b>Residence:</b>	<u>Cupertino</u> City	<u>California</u> State or Province	<u>U.S.A.</u> Country
	<b>Citizenship:</b>	<u>United States</u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u>18671 Pring Court</u> <u>Cupertino, CA 95014 USA</u>		
1	<b>Typewritten Full Name of Third Joint Inventor (if any)</b>	<u>Polle</u> Given Name	<u>T.</u> Middle Initial	<u>ZELLWEGER</u> Family Name
2	<b>**INVENTOR'S SIGNATURE:</b>			
3	<b>**DATE OF SIGNATURE:</b>			
	<b>Residence:</b>	<u>Palo Alto</u> City	<u>California</u> State or Province	<u>U.S.A.</u> Country
	<b>Citizenship:</b>	<u>United States</u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u>3240 Ross Road</u> <u>Palo Alto, CA 94303 USA</u>		
1	<b>Typewritten Full Name of Fourth Joint Inventor (if any)</b>	<u>Andreas</u> Given Name		<u>PAEPCKE</u> Family Name
2	<b>**INVENTOR'S SIGNATURE:</b>			
3	<b>**DATE OF SIGNATURE:</b>			
	<b>Residence:</b>	<u>Menlo Park</u> City	<u>California</u> State or Province	<u>U.S.A.</u> Country
	<b>Citizenship:</b>	<u>Germany</u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u>658 18th Avenue</u> <u>Menlo Park, CA 94025 USA</u>		
1	<b>Typewritten Full Name of Fifth Joint Inventor (if any)</b>	<u>Jack</u> Given Name	<u>S.</u> Middle Initial	<u>GWIZDKA</u> Family Name
2	<b>**INVENTOR'S SIGNATURE:</b>	<u>Jack S. Gwizdka</u>		
3	<b>**DATE OF SIGNATURE:</b>	<u>December</u> Month	<u>15</u> Day	<u>1999</u> Year
	<b>Residence:</b>	<u>Toronto</u> City	<u>Ontario</u> State or Province	<u>CANADA</u> Country
	<b>Citizenship:</b>	<u>Canada</u>		
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	<u>707-3000 Yonge Street</u> <u>Toronto, Ontario M4N 2K5 Canada</u>		

**\*\*Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.  
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665121-04073460